Oncology Nurses’ Personal Understandings About Palliative Care

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Although palliative care is becoming increasingly available, many factors limit who receives palliative care and the timeliness of its receipt. Among the most important barriers are inadequate numbers of trained providers and inaccurate understanding of palliative care (Foley & Gelband, 2001). Too often, palliative care is understood as limiting options available to the patient and family, rather than as the utilization of optimal clinical knowledge and tools to improve patient care (Ferrero & Virani, 2008). Palliative care frequently is perceived as care for people who have “failed” medical treatments (Sesterhenn, Folz, Bieker, Teymoortash, & Werner, 2008) and often is equated with end-of-life care (Paice, Ferrero, Coyle, Coyne, & Callaway, 2008; Reinke et al., 2008). Of greater concern, palliative care interventions are sometimes understood as hastening death, albeit inadvertently (de Veer, Francke, & Poortvliet, 2008). These perceptions of palliative care limit opportunities for optimal care of patients and families.

Nurses spend a great deal of time with patients and are well situated to affect patients’ care and outcomes (Coyne et al., 2007; Kirchhoff, Beckstrand, & Anumand-la, 2003). Oncology nurses, in particular, have a major role in the essential care of patients across the course of their disease (Willard & Luker, 2005). Patients with cancer often have a great symptom burden because of the nature of the disease and the consequences of treatments, despite the substantial potential for managing those symptoms (Foley & Gelband, 2001). The purpose of this study was to explore the personal understandings that oncology nurses hold about palliative care in general, including its dimensions of symptom management, decision making, and end-of-life care, and, more specifically, nurses’ beliefs about when, how, and for whom palliative care should be provided.

Knowledge about palliative care has evolved rapidly over the past few decades, during which it has become a distinct specialty. “Palliative care refers to patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access...”